



JERSEY CENTRAL
FEDERAL CREDIT UNION

P.O. Box 661 Cranford, NJ 07016
Phone: 888-772-3040 Fax: 908-272-6029
www.jerseycentralfcu.com

TO BE COMPLETED BY CU:
SHARE BALANCE _____
LOAN BALANCE _____
APPLICATION # _____
NOTE # _____

LOAN APPLICATION

Applicant Information New Loan Refinance

(Please complete all highlighted fields marked with * and *return application by mail or fax with copies of most recent pay stubs*)

*Name:	*Account #:	*SSN:	*DOB:
*Current Address (Street, City, State, Zip):		*Years at Current Address:	*Phone #:
			Email Address (Optional):

*Requested Amount: \$	*Purpose of Loan:
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*Credit Insurance Coverage (Please check the appropriate box(es). A credit union representative will disclose the cost of this optional insurance. If no boxes are checked, the default selection will be Life Insurance.):
 Life Insurance Disability Insurance Neither

*Current Employer:	*Position:
*Employee #:	*Date of Hire:
*Salary: \$ _____ per _____	Member Since:

OTHER INCOME (Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation): \$ _____

*Any Judgements, Garnishments, or Bankruptcies in the past 5 years? If "Yes" explain...

Reference(s):

***I am indebted to the following creditors (List all debts such as doctor bills, real estate, automobiles, furniture, other credit unions, etc.)**

Creditor	Monthly Pmt	Balance
Mortgage <input type="checkbox"/> Rent <input type="checkbox"/>	\$ _____	\$ _____
Auto	\$ _____	\$ _____
Credit Cards	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

I hereby certify that all statements made are true and complete and submitted for the purpose of obtaining credit. I have no other debts. The credit union is authorized to check my credit and employment history and to answer questions about its credit experience with me.

*Signature of Applicant

*Date

Co-Signer/Co-Borrower Information (Member: Yes No)

Name:	Account #:	SSN:	DOB:
Current Address (Street, City, State, Zip):		Years at Current Address:	Phone #:
			Email Address (Optional):

Current Employer:	Position:
Employee #:	Date of Hire:
Salary: \$ _____ per _____	

OTHER INCOME (Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation): \$ _____

Any Judgements, Garnishments, or Bankruptcies in the past 5 years? If "Yes" explain...

Relationship to Applicant:

***I am indebted to the following creditors (List all debts such as doctor bills, real estate, automobiles, furniture, other credit unions, etc.)**

Creditor	Monthly Pmt	Balance
Mortgage <input type="checkbox"/> Rent <input type="checkbox"/>	\$ _____	\$ _____
Auto	\$ _____	\$ _____
Credit Cards	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

I hereby certify that all statements made are true and complete and submitted for the purpose of obtaining credit. I have no other debts. The credit union is authorized to check my credit and employment history and to answer questions about its credit experience with me.

Signature of Co-Signer/Co-Borrower

Date

THIS SECTION FOR CREDIT UNION USE ONLY

Loan Term (Months) _____ Payment \$ _____ Life Ins \$ _____ Dis Ins \$ _____ Credit Score _____ XPN # _____
 Collateral \$ _____ Total Loan \$ _____ Interest Rate _____ % Debt Ratio _____ % PR Ded \$ _____

Approved by Credit Committee:

Approved by Loan Officer(s):

